

REQUEST FOR PATENT FEE REFUND

1 Date of Request: <u>2-4-97</u>		2 Serial/Patent # <u>08/732,408</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing		<u>1</u>	<u>12/9/96</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>455</u>	
10 REASON:		8 TO BE REFUNDED BY:	
<input checked="" type="checkbox"/> Overpayment		Treasury Check	
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:	
<input type="checkbox"/> No Fee Due (Explanation):		9 <u>06--0530</u>	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Anita Johnson</u>		TITLE: <u>Paralegal</u>	
SIGNATURE: <u>Anita Johnson</u>		PHONE: <u>305-3661</u>	
OFFICE: <u>PCT</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>David O. Henry</u>		DATE: <u>14 Feb 96</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: